

United States Bankruptcy Court

NORTHERN _____ District of ILLINOIS

In re: Esquivel, David M.
Debtor(s)

Case No. 08-25347

ORDER ON DEBTOR'S APPLICATION FOR WAIVER OF THE CHAPTER 7 FILING FEE

Upon consideration of the debtor's "Application for Waiver of the Chapter 7 Filing Fee," the court orders that the application be:

[] GRANTED.

This order is subject to being vacated at a later time if developments in the administration of the bankruptcy case demonstrate that the waiver was unwarranted.

[X] DENIED.

The debtor shall pay the chapter 7 filing fee according to the following terms:

\$ 75.00 on or before 10/1/08

\$ 75.00 on or before 10/8/08

\$ 75.00 on or before 10/15/08

\$ 74.00 on or before 10/22/08

Until the filing fee is paid in full, the debtor shall not make any additional payment or transfer any additional property to an attorney or any other person for services in connection with this case.

IF THE DEBTOR FAILS TO TIMELY PAY THE FILING FEE IN FULL OR TO TIMELY MAKE INSTALLMENT PAYMENTS, THE COURT MAY DISMISS THE DEBTOR'S CASE.

[] SCHEDULED FOR HEARING.

A hearing to consider the debtor's "Application for Waiver of the Chapter 7 Filing Fee" shall be held on _____ at _____ am/pm at _____.
(address of courthouse)

IF THE DEBTOR FAILS TO APPEAR AT THE SCHEDULED HEARING, THE COURT MAY DEEM SUCH FAILURE TO BE THE DEBTOR'S CONSENT TO THE ENTRY OF AN ORDER DENYING THE FEE WAIVER APPLICATION BY DEFAULT.

BY THE COURT:

DATE: 9/24/08

Bruce W. Black
United States Bankruptcy Judge

United States Bankruptcy Court

NORTHERN

District of ILLINOIS

In re: Esquivel, David M.
Debtor(s)

Case No. 08-25347
(if known)

**APPLICATION FOR WAIVER OF THE CHAPTER 7 FILING FEE
FOR INDIVIDUALS WHO CANNOT PAY THE FILING FEE IN FULL OR IN INSTALLMENTS**

Part A. Family Size and Income

1. Including yourself, your spouse, and dependents you have listed or will list on Schedule I (Current Income of Individual Debtor(s)), how many people are in your family? (Do not include your spouse if you are separated AND are not filing a joint petition.) 3
2. Restate the following information that you provided, or will provide, on Line 16 of Schedule I. Attach a completed copy of Schedule I, if it is available.

Total Combined Monthly Income (Line 16 of Schedule I): \$ 3506

3. State the monthly net income, if any, of dependents included in Question 1 above. Do not include any income already reported in Item 2. If none, enter \$0.

\$

4. Add the "Total Combined Monthly Income" ~~represented by question 2~~ to your dependents' monthly net income from Question 3.

\$ 3506

5. Do you expect the amount in Question 4 to increase or decrease by more than 10% during the next 6 months? Yes No ✓

If yes, explain.

Part B. Monthly Expenses

6. EITHER (a) attach a completed copy of Schedule J (Schedule of Monthly Expenses), and state your total monthly expenses reported on Line 18 of that Schedule, OR (b) if you have not yet completed Schedule J, provide an estimate of your total monthly expenses.

\$ 3617

7. Do you expect the amount in Question 6 to increase or decrease by more than 10% during the next 6 months? Yes No ✓
If yes, explain.

Part C. Real and Personal Property

EITHER (1) attach completed copies of Schedule A (Real Property) and Schedule B (Personal Property), OR (2) if you have not yet completed those schedules, answer the following questions.

8. State the amount of cash you have on hand. \$ 0
9. State below any money you have in savings, checking, or other accounts in a bank or other financial institution.

Bank or Other Financial Institution:

Type of Account such as savings,
checking, CD:

Amount:

\$

\$

10. State below the assets owned by you. Do not list ordinary household furnishings and clothing.

Home	Address:	Value: \$ <u>210000</u>
Real Estate as listed on schedule A		Amount owed on mortgages and liens: \$ _____
Other real estate	Address:	Value: \$ _____
		Amount owed on mortgages and liens: \$ _____
Motor vehicle	Model/Year: _____	Value: \$ <u>33200</u>
Auto(s) as listed on schedule B		Amount owed: \$ _____
Motor vehicle	Model/Year: _____	Value: \$ _____
		Amount owed: \$ _____
Other	Description: _____	Value: \$ _____
		Amount owed: \$ _____

11. State below any person, business, organization, or governmental unit that owes you money and the amount that is owed.

Name of Person, Business, or Organization that Owes You Money	Amount Owed
_____	\$ _____
_____	\$ _____

Part D. Additional Information.

12. Have you paid an attorney any money for services in connection with this case, including the completion of this form, the bankruptcy petition, or schedules? Yes No
If yes, how much have you paid? \$ _____
13. Have you promised to pay or do you anticipate paying an attorney in connection with your bankruptcy case? Yes No
If yes, how much have you promised to pay or do you anticipate paying? \$ _____
14. Have you paid anyone other than an attorney (such as a bankruptcy petition preparer, paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form, the bankruptcy petition, or schedules? Yes No
If yes, how much have you paid? \$ _____
15. Have you promised to pay or do you anticipate paying anyone other than an attorney (such as a bankruptcy petition preparer, paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form, the bankruptcy petition, or schedules? Yes No
If yes, how much have you promised to pay or do you anticipate paying? \$ _____
16. Has anyone paid an attorney or other person or service in connection with this case, on your behalf?
Yes No
If yes, explain.

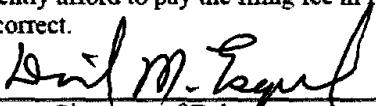
17. Have you previously filed for bankruptcy relief during the past eight years? Yes No

Case Number (if known)	Year filed	Location of filing	Did you obtain a discharge? (if known)
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

18. Please provide any other information that helps to explain why you are unable to pay the filing fee in installments.

19. I (we) declare under penalty of perjury that I (we) cannot currently afford to pay the filing fee in full or in installments and that the foregoing information is true and correct.

Executed on: _____
Date _____



Signature of Debtor

Date _____

Signature of Codebtor

DECLARATION AND SIGNATURE OF BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required under that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social-Security No. (Required by
11 U.S.C. §110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs the document.

Address

x

Signature of Bankruptcy Petition Preparer

Date

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.